



Individual Membership Application

We want to thank you for your interest in Omega Team. Omega Team is an international apostolic network. It is our desire to help you in any way we can to accomplish the call of God on your life for the sake of His Kingdom. By seeking membership you are telling Omega Team that you would like to be in relationship with us and receive the help and support that will flow out of that relationship. May we walk together for many years and see the Kingdom of our Lord Jesus Christ strengthened and extended through our efforts. We trust that as you move through the application process any questions you have will be answered.

In order to expedite your application please do not send it in incomplete. You will need to have:

- The completed two pages of the **Membership Application** with the two **Background Information** questions answered on separate sheets of paper.
- When requested, two letters of recommendation, one from a Pastor and a second from someone with whom you have been in relationship who can testify to your character and effectiveness in ministry.
- The \$50.00 (U.S.) Membership Application fee. (non-refundable)
- A recent Photo.

Once everything is pulled together, please mail to:

Omega Team
Membership Application
P.O. Box 396
Excelsior, MN 55331

You may also contact us for information at:

952.401.1372
Office@omegateam.org
OmegaTeam.org

God Bless you in all you endeavor for His Kingdom. God willing, may we labor together in the work of the Lord.

Yours Sincerely in Christ,

Omega Team



Individual Membership Application

Name: _____ Date of Birth _____
Last First Middle

Address: _____

PH# Home _____ Office _____ Cell _____

Email: _____ Citizen of: _____

Ministry position or Ministry involvement: _____

Your Omega Team Sponsor (The Omega Team member who recommended Omega Team to you)

Name: _____

Address: _____

PH# Home _____ Office _____ Cell _____

Email: _____

Credentials You Are Seeking (Check box)

Please read the accompanying *Membership Levels* for complete description.

- Ordained Minister**
- Associate Minister**
- Christian Workers Certificate**
- Marketplace Minister**
- Affiliate Member**

An International Apostolic Network of Ministers, Ministries and Churches

P.O. Box 396 Excelsior MN 55331 952.401.1372 OmegaTeam.org

Family Information

Marital Status: _____

Spouse’s Name: _____ Date of Birth _____ Years Married _____

Is your spouse an active partner with you in your call? Yes / No Please briefly explain:

Continue on another sheet of paper if needed.

Number of Children _____ Please list their names and ages _____

Education Name/Location Degree Earned/Date

College / University _____

Seminary / Bible School _____

Other Training _____

Background Information

Please type on a separate sheet of paper a summary/testimony of your spiritual journey. Make sure to include your upbringing, conversion experience, baptism in the Holy Spirit, your call to ministry, your gifting and your ministry experience.

Please type on a separate sheet of paper an explanation as to why you are seeking credentialing through Omega Team and for what reason do you need credentials.

To better understand how you qualify for credentials, based on your own perception and the testimony of others, do you see yourself as called to an Ephesians 4:11 Five-Fold Ministry?

Yes / No Which one would best describe your sense of call?

Circle one as your main and underline a second or more if you believe you have a complimentary gift(s).

Pastor Teacher Evangelist Prophet Apostle Other area of ministry _____

I release Omega Team to contact anyone relating to my application with the understanding that the findings will be kept in confidence.

Applicants signature _____ Date _____